

**REVOCATION OF  
POWER  
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CORRESPONDENCE  
ADDRESS**

Application Number	09/919750
Filing Date	July 31, 2001
First Named Inventor	Buncke, Harry J.
Confirmation No.	7589
Attorney Docket Number	2284.40528RE1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: **83532**

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number **83532**

**OR**

<input type="checkbox"/> Firm	or	Individual Name			
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Country					
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	7/30/01
Name	David D. McMasters		
Title and Company (Assignee)	President and CEO		
	Quill Medical, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of    forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.